

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

28027

**1. PLACE OF DEATH**

County..... Registration District No. 79  
Township..... Primary Registration District No. 1  
City St. Louis (No. St. Johns Hospital)

File No. ....  
Registered No. 7102  
St. .... Ward.

**2. FULL NAME**

Anna Maria Cadice  
(a) Residence, No. 2103 - A - No-9th St., 26 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>♀</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gregorio Cadice</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 - 1868</u>		
7. AGE : YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>21</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House wife</u>
10. Date deceased last worked at this occupation (month and year) <u>Aug. 1933</u>	11. Total time (years) spent in this occupation <u>45</u>

12. BIRTHPLACE (CITY OR TOWN) Marsala Italy  
(STATE OR COUNTRY)

13. NAME Giospare Fiorino  
14. BIRTHPLACE (CITY OR TOWN) Marsala Italy  
(STATE OR COUNTRY)

15. MAIDEN NAME Maria Curatolo  
16. BIRTHPLACE (CITY OR TOWN) Marsala Italy  
(STATE OR COUNTRY)

17. INFORMANT Giospare Cadice  
(ADDRESS) 1926 W. Warner Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE Aug 18 1933

19. UNDERTAKER Cardinal - Mikeli  
(ADDRESS) 1133 N. King St. St. Louis

20. FILED AUG 17 1933 REGISTRAR J. B. Beck

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1933 to Aug 15, 1933

I last saw her alive on Aug 15, 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Ingested Gall Bladder with several stones Date of onset 126

Other contributory causes of importance: Pulmonary embolus sent Aug 11

Name of operation Gall Bladder drain Date of Aug 11

What test confirmed diagnosis? Op Was there an autopsy? 16

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.

(Address) 935 Carroll St. St. Louis Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

235

